

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

F63-016119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2123 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

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1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 69 YRS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		d. STREET ADDRESS (If outside, give location) 7444 MERCIER AVE	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MAE Middle ROSE Last JEWELL			4. DATE OF DEATH Month APRIL Day 5 Year 1963		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH AUG 24, 1890	9. AGE (last birthday) 72	10. IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME CHAS. B. INGALLS		13b. MOTHER'S MAIDEN NAME LILLIAN B. FREE		14. NAME OF HUSBAND OR WIFE EARL G. JEWELL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO.		
17. INFORMANT MAYDELLE JEWELL			Address KANSAS CITY, MO		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion & rupture of vent. wall		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hours
DUE TO (b) Arteriosclerotic Heart Disease		1+ years
DUE TO (c) Intestinal Obstruction operation Sept. 25, 1963		
DUE TO (d) Hypertension removed 1961		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Metastasis from Hypertension to Pancreas		
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 8:30 P Month, Day, Year Oct 1961		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION 1530 Prof Belltown Ch, Mo			
20g. COUNTY MO		20h. STATE MO			
21. I attended the deceased from Oct 1961 to April 5 1963 and last saw her alive on April 5 1963 Death occurred at 8:30 P on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Frank B. Leitz MD		22b. ADDRESS 1530 Prof Belltown Ch, Mo		22c. DATE SIGNED 4-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE APRIL 8, 1963		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER SONS	
23d. LOCATION (City, town, or county) KANSAS CITY, MO		23e. DATE RECD. BY LOCAL REG. 4-8-63		23f. REGISTRAR'S SIGNATURE Ruth Long	
24. FUNERAL DIRECTOR D.W. NEWCOMER SONS					
ADDRESS 1381 BROWN CREEK KANSAS CITY, MO					

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF Frank B. Leitz MEDICAL CERTIFICATION

DR. FRANK LEITZ
PROFESSIONAL BLDG
44-1-1331
- W 0 -
12:00 - 4:00

0-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Chas E. Wells

Licensed Embalmer No. 2644

P. O. Address 14 E. M. O.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.